



# WASHINGTON GUARANTEED EDUCATION TUITION PROGRAM

P.O. Box 43450  
Olympia, WA 98504-3450  
1-800-955-2318  
Fax 1-360-704-6200

## Authorization for Automatic Payroll Deduction

**Employee:** After completing this entire form, make a copy for your records and send the original form back to the Washington State Guaranteed Education Tuition (GET) Program. Please review the reverse side for a checklist on completing this Authorization for Automatic Payroll Deduction Form. If you have any questions when completing this form, call us TOLL FREE at 1-800-955-2318, Monday-Friday, 8:00 a.m. to 5:00 p.m. PST.

### SECTION I. EMPLOYEE INFORMATION

EMPLOYEE NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

☐  
M.I.

ADDRESS

\_\_\_\_\_

Number and street, including apartment number

\_\_\_\_\_

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

City

SOCIAL SECURITY NUMBER (REQUIRED)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORK TELEPHONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS

\_\_\_\_\_

### SECTION II. DESIGNATED STUDENT BENEFICIARIES

Payroll Deduction Code: 089

Social Security Number(s)

Minimum Deduction  
per pay period:

\$10 per GET Acct.

Designated Beneficiary Name(s)

GET Account Number(s) (Required)

(Required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Authorized Semi-Monthly Payroll Deduction Amount (Required). Minimum deduction per GET account is \$10 each.

\$ \_\_\_\_\_

### SECTION III. ACCOUNT DIRECTION

Desired Effective Date of Payroll Deduction or Change: \_\_\_\_\_

☐ New Payroll Deduction

☐ Change Payroll Deduction Amount: From: \$ \_\_\_\_\_ to: \$ \_\_\_\_\_ (Must complete Section II)

☐ Temporary Suspension of Deduction (i.e. Leave Without Pay): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Reallocate Deduction Amounts between Designated Student Beneficiary GET Accounts (Must complete Section II)

☐ Stop Payroll Deduction

**Note:** This form will be processed for the date requested above or for the first available payroll cycle after receipt in your payroll office.

### SECTION IV. EMPLOYER INFORMATION

EASTERN WASHINGTON UNIVERSITY

DEPARTMENT NAME: \_\_\_\_\_

PAYROLL OFFICE TELEPHONE: 509 359 2325

**Important Notes:** If your GET account(s) is (are) not already established, you must also attach and submit a completed enrollment form along with the \$50 enrollment fee. This form supersedes any current GET deduction. It is the employee's responsibility to notify the GET program when a deduction will not be taken for one or more pay periods and to make alternative payment arrangements. Payments not received by month-end may result in a late payment fee being assessed.

In signing this form I am requesting that payroll deduction be established or modified as indicated in Sections II and III above and agree to the preceding terms.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Checklist for Employee**

- ☐ If you already have an account(s), did you put your GET Account number(s) on the form? If you do not have an account, did you attach an Enrollment Form(s) along with the \$50 enrollment fee(s)?
- ☐ Are your deductions in Section II for a minimum of \$10 per pay period for each GET account (minimum of \$20 per account per month)? Did you use whole numbers?
- ☐ Did you write the total of your deductions in the Authorized Semi-Monthly Payroll Deduction Amount box of Section II?
- ☐ Did you indicate your desired effective date for the payroll deduction or change to take effect in Section III? Did you mark the desired action in Section III?
- ☐ Did you list your Department Name in Section IV?
- ☐ Did you sign exactly as your name appears on the form?

After completion of this form, make a copy for your records and send the original to the GET program.

GET Program – Payroll Deduction  
PO Box 43450  
Olympia, WA 98504-4350

If you have questions call 1-800-955-2318.

If you wish to increase or decrease your deduction, or to change the amount of the deduction for one or more beneficiaries, complete a new form with the new information and send it to GET. Make sure that Section II is completed accurately and that it matches any amount shown in Section III.